

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

RICHARD HUNT

Name (Print)

1/3/79

Date of Birth

(19) A L #4

Housing Location

9.10.07

Date Submitted

274714

SBI Number

Complaint (What type of problem are you having)?

My medication expired today and I would like to be seen by doctor. Also I had blood work done but haven't heard anything of the results. It has been almost 4 months.

[Signature]

Inmate Signature

9.10.07

Date

The below area is for medical use only. Please do not write any further.

S:

RECEIVED SEP 18 2007

O:

Temp: \_\_\_\_\_

Pulse: \_\_\_\_\_

Resp: \_\_\_\_\_

B/P: \_\_\_\_\_

WT: \_\_\_\_\_

A:

P:

Refer to MD for renewal or not of meds

E:

Refused to see MD 9/13/07.

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263